

applied to the part injured, and an aperient mixture of amica flowers, senna leaves, and sulphate of magnesia, prescribed for him every hour, until free discharges from the bowels should follow. In the evening the bowels had been moved twice; the pulse was free and large, and of proper frequency; the patient only complained of some lassitude, but the speech was slow and halted when he got at all excited. He had some sleep in the day; the wounded part was hot and moderately painful. Next day the patient was up,—I found him standing by the stove making his poultice. He now questioned the fact of any depression of the skull—he was only aware of some swelling—and showed great disposition to go to work. On the 15th, indeed, in spite of all my dissuasions, he went to work, and has continued very well ever since, although he cannot now get a few feet above the surface of the ground without feeling giddy. By and by he discovered that the skull was actually depressed in the situation indicated.

“He says that he felt himself knocked down by the falling plank, but that he immediately rose again possessed of complete consciousness, and had gone on about five paces, when he fell a second time senseless, nor did he recover himself again until he found himself at home. His anger had been excited by feeling himself without the power of speaking, and the disposition in the by-standers to treat him like a madman: he had a feeling of constriction and stiffness, which extended over the lower jaw, the tongue, and the neck down to the breast; the tongue appeared to have become motionless by its weight and thickness, so that speech would not follow the strongest behests of the will.

“This feeling had gradually become less and less during the blood-letting, and with its entire removal he found that he had recovered his power of articulating.” *Lond. Med. Gaz.*, Nov., 1844.

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17. *Prolonged Sleep occurring at intervals.*—Prof. D'OUTREPONT records, in the *Neue Zeitschrift für Geburtskunde*, (1844,) the following remarkable case.

A woman, 35 years of age, married, and the mother of four children, has been subject, since her marriage, to protracted sleep, which continues from two to seven days, commonly five days and a half, and recurs at irregular intervals. It comes on suddenly, without any precursory symptoms, sometimes at night, at others in the day. The patient awakes partially every twenty-four hours, with a dry mouth, thrusts her tongue out, drinks are then given her, which she swallows unconsciously, and immediately relapses into sleep. The intervals between these prolonged sleeps are from two to twenty days; she does not sleep at all, or has very short, agitated naps. The season and temperature of the air have no effect upon her condition. Menstruation, pregnancy, labour, the lochia, &c., are not disturbed by these sleeps, which is any thing but refreshing, the patient awaking fatigued. She passes neither urine nor fæces during her sleep, nor does she experience a want to do so immediately afterwards. She always awakes spontaneously, and cannot be awakened by any irritation. When her eyelids are separated the balls are found rolled upwards; the pupils do not contract by the sudden exposure to light. Respiration, circulation, and the temperature of the skin are in a normal state both when she is asleep and at other times.—*Gaz. Méd. de Paris*, Jan. 4, 1845.

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18. *On the Use of Sulphate of Manganese in various diseases.* By R. H. GOOLDEN, M. D. (*London Medical Gazette*, Feb. 1845.) In our last No., p. 472, we noticed the suggestions of Mr. Ure relative to the administration of sulphate of manganese in gouty habits. Dr. Goolden states, as the result of his experience with this salt, that “when taken upon an empty stomach, in doses of one or two drachms, it has invariably produced vomiting in less than three hours, and generally within an hour; and the matter vomited has consisted of a very large quantity of yellow bile. After a meal, the same effect has taken place, but not invariably.

“It very rarely acts as a purgative alone, and after it has been exhibited for several days, I have often been obliged to have recourse to other purgative medicines, in consequence of the want of action of the bowels. After the first dose it seldom acts as an emetic. The appetite has invariably increased during its exhibition, and when the first emetic effect has subsided the patient is free from all uneasy sensations, and expresses himself as feeling lighter and easier than before.

"It sometimes leaves a bitter taste in the mouth, which is all that is complained of until the patient vomits.

"The stools, which are sometimes dark-coloured, soon become yellow and loaded with healthy bile; but if its use be continued for four or five days, they become lighter, and at length show a total absence of bile, appearing like jaundiced stools, of the colour of parchment, but there is no jaundice either in the skin or urine.

"If the medicine be discontinued, the yellow colour of the stools returns.

"In one case which was admitted into the Dreadnought with jaundice, and which subsequently died from inflammation of the spleen, with tubercular deposit in that organ, the jaundice very much subsided under the use of the medicine. The liver was healthy, but paler than natural; the gall-bladder quite empty, and the spleen very much enlarged, softened, and loaded with huge masses of tubercles."

19. *Great Hypertrophy of the Heart and open Foramen Ovale, without Cyanosis.*—(Dublin Journal, 1844.) The subject of this case was a child aged four months and fifteen days. No appearance of disease manifested itself until two weeks after birth, when restlessness on lying down, particularly at night, and on the right side, occurred, which was relieved by turning the child over on the left\* side, or raising it to a sitting posture. This continued slightly increasing, the general health in other respects good, until within five days of its death, when severe symptoms of catarrh, accompanied with some difficulty of breathing, supervened and terminated fatally. The *post mortem* exhibited no discoloration of the skin; the heart was very much enlarged, but the auricles disproportionately small to the ventricles, the foramen ovale entirely open, so that the little finger passed through it easily; the left lung was of a chocolate colour, very much contracted, lying along the spine.

20. *On the Nature and Seat of Hooping Cough.* Mr. J. S. STREETER, one of the Presidents of the Physical Society of Guy's Hospital, in an interesting paper on the nature and seat of hooping cough, read before the Physical Society of Guy's Hospital, advocates the views of Dr. Bland, respecting the nature of that disease.

"Dr. Bland," Mr. S. observes, "considers the primary cause of the disease to consist in an irritation, not an inflammation, of the mucous membrane of the bronchi, under which the glands and follicles of that membrane pour forth a specific secretion saturated with hydrochlorate of soda, the irritation of which, when it reaches the upper part of the trachea and larynx, throws the muscles of the glottis and of respiration into spasmodic action for its expulsion, in a manner exactly similar to any foreign body which accidentally enters the larynx.

"From this theory of the nature and seat of the disease I so far differ as to regard the primary affection of the bronchial membrane as inflammatory in its nature, and believe that it will be found on careful observation to be attended by more or less fever of an analogous character to that which attends contagious catarrh or influenza; but to that part which views the presence of a saline secretion in the trachea as the proximate cause of the convulsive cough which ushers in the second stage, I give my unqualified assent; because I believe it demonstrably true. When, however, the convulsive hooping is fully established, it very commonly happens that symptoms which mark the third, or what may be appropriately termed the complicated stage, are developed, and continue to mark the varying and formidable phases of the disease which mostly attract attention in practice. These tertiary phenomena usually manifest themselves—1st, as special lesions of the nervous and muscular systems; 2dly, as special lesions of the respiratory organs; or 3dly, as the more general affections of fever and cachexia, and are present in individual cases in every conceivable variety of combination.

"The 1st class comprise—an exalted sensibility, and morbidly susceptible state,

\* It may be remarked that this case does not lend any support to the theory of Prof. Meigs, according to which the patient should be relieved by lying on the right side when the foramen ovale is open.